



## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/679,544
Filing Date*	October 6, 2000
First Named Inventor	YEN
Group Art Unit	2189
Examiner Name	T. Vo
Attorney Docket No.	BHT/3092-149

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: \* Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

<ul> <li>■ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.</li> <li>■ 4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).</li> <li>□ 5. This Request is transmitted by facsimile to number (703)</li> <li>□ 6. Other:</li> <li>THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$770.00</li> <li>Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0</li> <li>Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0</li> </ul>													
b. The Information Disclosure Statement (IDS) filed on (date):  □ c. The Brief/Reply Brief filed on (date):  □ d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):  □ e. Other:  □ 2. A Two_ month Petition for Extension of Time is filed herewith.  □ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.  □ 4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).  □ 5. This Request is transmitted by facsimile to number (703)  □ 6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0  Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address:  TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Fax: 703-575-2707  Total: \$385.00  Phone: 703-575-2711 Fax: 703-575-2707  Name: Signaturey Reg. No.	1. Ple	ease	consid	er the t	follov	ving as	the required submiss	sion u	nder 37 C.F.R.	§1.114	1: <b>D</b> E	~FN/F	
□ c. The Brief/Reply Brief filed on (date): □ d. The page(s) of Form PTO-1449 and copy of each listed document filed (date): □ e. Other: □ 2. A Two_ month Petition for Extension of Time is filed herewith. □ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874. □ 4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385). □ 5. This Request is transmitted by facsimile to number (703) □ 6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS:  Basic Fee: \$770.00  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0  Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Multiple Dependent Claim (add \$280.00): 0  Total: \$385.00  Phone: 703-575-2711 Fax: 703-575-2707  Total: \$385.00	⊠	a.	The A	Amend	Iment/Reply filed concurrently herewith on January 20, 2004: RECEIV								
d. Thepage(s) of Form PTO-1449 and copy of each listed document filed (date):   e. Other:   2. Amonth Petition for Extension of Time is filed herewith.   3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.   4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).   5. This Request is transmitted by facsimile to number (703)   6. Other:    THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$770.00		b.	The I	nforma	ation Disclosure Statement (IDS) filed on (date): JAN 2 2 2								
d. Thepage(s) of Form PTO-1449 and copy of each listed document filed (date):  e. Other:  2. A Two- month Petition for Extension of Time is filed herewith.  3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.  4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).  5. This Request is transmitted by facsimile to number (703)  6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0 Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0 Correspondence Address:  TROXELL LAW OFFICE PLLC Subtotal: \$770.00 Falls Church, VA 22041  Date: Name: Signaturey Reg. No.		c.	The E	Brief/Re	eply Brief filed on (date):								
■ 2. A Two- month Petition for Extension of Time is filed herewith.  ■ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.  ■ 4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).  ■ 5. This Request is transmitted by facsimile to number (703)  ■ 6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$770.00 Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0 Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0 Correspondence Address:  TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Subtotal: \$770.00 Foliate: \$385.00 Phone: 703-575-2711 Fax: 703-575-2707  Total: \$385.00 Phone: 703-575-2711 Fax: 703-575-2707  Reg. No.		d. The page(s) of Form PTO-1449 and copy of each listed document filed (date):									ogy ochic:		
3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.  4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filling fee \$385).  5. This Request is transmitted by facsimile to number (703)  6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0  Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address:  TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Subtotal: \$770.00  Phone: 703-575-2711 Fax: 703-575-2707  Total: \$385.00  Date: Name: Signaturey Reg. No.		e.	Other	r:									
required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.  4. A check in the amount of \$595 is submitted herewith (extension fee \$210; filing fee \$385).  5. This Request is transmitted by facsimile to number (703)  6. Other:  THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0  Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address:  TROXELL LAW OFFICE PLLC  5205 Leesburg Pike, Suite 1404  Falls Church, VA 22041  Multiple Dependent Claim (add \$280.00):  50% Reduction if Small Entity Status: \$385.00  Phone: 703-575-2711 Fax: 703-575-2707  Total: \$385.00  Reg. No.	፟ 2.	A <u>Two-</u> month Petition for Extension of Time is filed herewith.											
THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0 Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address:  TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Phone: 703-575-2711 Fax: 703-575-2707  Date: Name: Signaturey Reg. No.	⊠ 3.	The definition to destroy to destroy the payment and only desired in any 1000											
THE RCE FEE IS CALCULATED AS FOLLOWS:  Total Claims: 7 - 20 (highest number previously paid for) = 0.00	፟ 4.	Αc	heck ir	n the a	moui	nt of \$ <u>5</u>	595 is submitted here	with (e	extension fee \$	210; fil	ing fee \$385)	•	
THE RCE FEE IS CALCULATED AS FOLLOWS:  Basic Fee: \$770.00  Total Claims: 7 - 20 (highest number previously paid for) = 0.00 X \$18 = 0  Independent Claims: 1 - 3 (highest number previously paid for) = 0.00 X \$86 = 0  Correspondence Address:  TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041  Multiple Dependent Claim (add \$280.00): 0  Subtotal: \$770.00  Falls Church, VA 22041  Fax: 703-575-2707  Total: \$385.00  Date: Name: Signatures Reg. No.	□ 5.	This Request is transmitted by facsimile to number (703)											
Total Claims:   7	□ 6.	Oth	er:										
Total Claims:   7			Т	HE RO	CE E	FF IS (	CALCULATED AS EC		vs.	-	Basic Fee:	\$770.00	
Independent Claims:   1   -   3   (highest number previously paid for) =   0.00   X \$86 =   0		Total (			_					0.00			
TROXELL LAW OFFICE PLLC           5205 Leesburg Pike, Suite 1404         \$770.00           Falls Church, VA 22041         50% Reduction if Small Entity Status: \$385.00           Phone: 703-575-2711         Fax: 703-575-2707         Total: \$385.00           Date:         Name:         Signatures         Reg. No.								· · · · ·			0		
5205 Leesburg Pike, Suite 1404       Subtotal:       \$770.00         Falls Church, VA 22041       50% Reduction if Small Entity Status:       \$385.00         Phone: 703-575-2711       Fax: 703-575-2707       Total:       \$385.00         Date:       Name:       Signatures       Reg. No.	Correspondence Address:										0		
50% Reduction if Small Entity Status: \$385.00     Phone: 703-575-2711   Fax: 703-575-2707   Total: \$385.00     Date:   Name:   Signature;   Reg. No.	5205 Leesburg Pike, Suite 1404					Subtotal:				\$770.00			
Date: Name: Signature Reg. No.	Falls Church, VA 22041							50% Reduction if Small Entity Status:				\$385.00	
	Phone: 703-575-2711 Fax: 703-575-2707					Total:			\$385.00				
January 16, 2004 Bruce H. Troxell 26,592	Date: Name:				Signatures			Reg. No.					
	January 16, 2004 Bruce H. Troxell			Bruce H. Troxell		2 What			26,592				